

**Community Development Block Grant
Renewal Application
2015-2016 PY**

The Office of Planning and Economic Development will receive all renewal applications for funding for human services programs and prepare the renewal applications for distribution to members of the Application Review Committee. **The deadline for submission of completed applications is Tuesday, January 13, 2015 at 4pm.** Renewal applications will be reviewed by City of Auburn OPED staff and the CDBG Application Review Committee.

The **Application Checklist** below lists all of the information required for a complete application.

- _____ 1. Title Page
- _____ 2. Program Summary
- _____ 3. Success Story
- _____ 4. Budget and Budget Narrative
- _____ 5. Documents that must be submitted on an annual basis with the RFP
(Please note - Only one copy is needed of these annual documents.)
 - _____ a. List of Board of Directors
 - _____ b. Board of Directors' authorization to request funds
 - _____ c. Board of Directors' designation of authorized official
 - _____ d. Financial statement and most recent audit
 - _____ e. Conflict of Interest Questionnaire (attached)

Please send the original application with additional documentation via mail to the address below. In addition, please submit just the application electronically to rjensen@auburnny.gov

Send the original application with additional documentation to:

City of Auburn
Office of Planning & Economic Development, 2nd floor
24 South Street
Auburn, NY 13021

Please put to the Attention of: CDBG APPLICATION

If you have any problems completing or sending the application electronically, please contact Renee Jensen at 315-255-4115 or rjensen@auburnny.gov

Application for Funding
Community Development Block Grant Funds 2015-2016

Title Page

Name of Agency: _____

Address: _____

Telephone: _____

DUNS #: _____ Federal ID#: _____

Project/Program Name: _____

Contact Person & Email: _____

Priority Need* the Program will address (please check only one box):

- | | |
|--|--|
| <input type="checkbox"/> Housing Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Child Care and Parenting Programming | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Coordination/ Consolidation of Human Services | <input type="checkbox"/> Counseling Services |
| <input type="checkbox"/> Senior and/or Disabled Support Services | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Other: _____ | |

National Objective* the Program will meet:

- | | |
|---|--|
| <input type="checkbox"/> Benefit to low/moderate income person | <input type="checkbox"/> Elimination of slums and blight |
| <input type="checkbox"/> Urgent Need (response to a natural disaster) | |

Please identify the Performance Measure* that you believe the project most closely aligns to (please check only one box in both the Objective and Outcome category):

Objective:

- ☐ Suitable Living Environment
- ☐ Decent Housing
- ☐ Creating Economic Opportunities

Outcome Category:

- ☐ Availability/Accessibility
- ☐ Affordability
- ☐ Sustainability

Total Agency Budget: \$ _____

Total Program Budget: \$ _____

2014/2015 CDBG Assistance: \$ _____

Other Funding Sources: \$ _____

Total estimated number of unique, unduplicated clients to be served by the program: _____

Of the above number, estimated number of **CDBG-Eligible** clients to be served: _____

Does this application have approval of the Board of Directors: _____

Signatures: _____

Please Print: _____
Executive Director Chairman, Board of Directors

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Proposed Budget

Name of Agency: _____

Name of Program: _____

Principal Contact: _____

Total Program Budget: _____ CDBG Request: _____

ITEM	CDBG Request	Other Sources (Identify)	TOTAL

On a separate piece of paper, please justify each expense listed in a Budget Narrative. A justification includes describing what each line item will pay for and, where appropriate, how that cost will provide a direct benefit to the client. Please indicate a dollar amount for additional funding in the column labeled "other sources", if appropriate. Identification of the additional funding sources (if any) should be included in the budget narrative.

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Conflict of Interest Questionnaire

Federal, State and City Law prohibit employees and public officials of the City of Auburn from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for City funds. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this questionnaire (a) a City employee or (b) a member of City Council?

YES _____ NO _____

If yes, please list the name(s) below:

On a separate piece of paper, please indicate the job title or role each person listed above has with respect to the applicant. State whether each person listed above is a City employee, consultant, or member of City Council, and identify the City Department in which he/she is employed.

2. Will the City funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a City employee, consultant, or member of City Council?

YES _____ NO _____

If yes, please list the name(s) below:

On a separate piece of paper, please state whether each person listed above is a City employee, consultant or member of City Council, and identify the City Department in which he/she is employed.

3. Is there any member(s) of the applicant's staff or members of the applicant's Board of Directors of other governing body who are business partners or family members of a City employee, consultant, or member of City Council?

YES _____ NO _____

If yes, please list the name(s) below:

If yes, please identify on a separate sheet of paper the City employee, consultant or member of City Council with whom each individual has family or business ties.

Name of applicant: _____

Signature of applicant's representative: _____

Date: _____

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Program Summary

Please provide a brief summary of your program and explain how the program will impact low to moderate income clients as well as the City of Auburn community. Please include how the program will be evaluated.

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Success Story

In the space provided below, please relay a success story that best illustrates your program outcomes. The story should illustrate your program's effect on a single individual or family. Limit your response only to this page.
